MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/646084

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DER.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1		1		51						
2		1		1		1	52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11				1		1	61						
12				1			62						
13				1			63						
14				1		1	64						
15				1		1	65						
16				1		1	66						
17				1		1	67						
18				1		1	68						
19				1		1	69						
20				1		1	70						
21				1			71						
22				1		1	72						
23				1		1	73						
24			1		1		74						
25				1		1	75						
26				1		1	76						
27				1		1	77						
28				1		1	78						
29					1		79						
30							80						
31							81						
32						1	82						
33						1	83						
34						1	84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		3		TOTAL IND.						
TOTAL DEP.			18		20		TOTAL DEP.						
TOTAL CLAIMS			20		23		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631